

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **33634**

FILING DATE

APPLICANT(S)

CLAIMS

09.30.05

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/	/	/	/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/		/
12		/		/		/
13		/		/		/
14		/		/		/
15		/		/		/
16		/		/		/
17		/		/		/
18	/	/	/	/	/	/
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26		/		/		/
27		/		/		/
28		/		/		/
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35	/	/	/	/	/	/
36	/	/	/	/	/	/
37	/	/	/	/	/	/
38		/	/	/		/
39		/		/		/
40		/		/		/
41		/		/		/
42		/		/		/
43		/		/		/
44		/		/		/
45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL IND.	↓		3	↓		↓
TOTAL DEP.	←		37	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57	/	/	/	/	/	/
58		/		/		/
59	/	/	/	/	/	/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
75		/		/		/
76		/		/		/
77		/		/		/
78		/		/		/
79		/		/		/
80		/		/		/
81		/		/		/
82		/		/		/
83		/		/		/
84		/		/		/
85		/		/		/
86		/		/		/
87		/		/		/
88		/		/		/
89		/		/		/
90		/		/		/
91		/		/		/
92		/		/		/
93		/		/		/
94		/		/		/
95		/		/		/
96		/		/		/
97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
TOTAL IND.	↓			↓	3	↓
TOTAL DEP.	←			←	37	←
TOTAL CLAIMS					40	